

Transferable Physician Order for Life Sustaining Treatment
POLICY AND PROCEDURE
GENERIC SAMPLE

POLICY:

(Name of health care facility or home health agency) complies with the Transferable Physician Order for Life Sustaining Treatment R432-31.

PROCEDURE:

1. On admission, the (name of position of person responsible) determines if the individual has a completed and signed blue transferable Physician Order for Life Sustaining Treatment (POLST) form.
2. If the individual does not have a completed and signed POLST form, the (name of position of person responsible) provides the individual with a blank POLST form and the following information:
 - a. The individual's physician or nurse practitioner documents the individual's preferences for life-sustaining treatment and signs the POLST form, **or**
 - b. The (name of position of person responsible) may assist the individual in preparing the POLST form.
 - (1) The preparer reviews the POLST form in detail with the individual or the person who has the legal decision making authority, and documents the treatment preferences.
 - (2) The preparer signs and prints his/her name as the preparer below Section E of the POLST form.
 - (3) The preparer informs the individual that the POLST form is not valid without the signature of the physician or nurse practitioner.
 - (4) The preparer notifies the individual's physician or nurse practitioner to review and sign the POLST form.
3. The (name of position of person responsible) places the completed and signed POLST form in the front of the individual's clinical record.
4. The facility and/or its employees that make a good faith effort to follow the instructions in the POLST form are not subject to any Department of Health sanction as a result of those good faith efforts.
5. If the individual is transferred or discharged to another facility, the (name of position of person responsible or designee) sends the **original** Physician Order for Life Sustaining Treatment form with the individual.

Note: This is a sample policy and procedure. Each facility/agency may modify this sample as appropriate.

11/25/2003